## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493302001089

orm 990

Department of the Treasury Internal Revenue

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

Servi	ce							
A Fo	r the	2008 ca	alendar yea	ar, or tax year beginning 01-01	2008 and ending 12-31-200	8	D Emmlaces id	
<b>B</b> Che	eck if a	pplicable	Able Please C Name of organization PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP			D Employer Ide	entification number	
☐ Add	lress cl	s change   use IRS				5		
┌ Naı	ne cha	inge	print or type. See	Doing business As			E Telephone n	anibei
┌ Inıt	ıal retu	ırn	Specific	Number and street (or P O box	If mail is not delivered to street addre	ess) Room/suite	(607) 723-	
Г <sub>Тег</sub>	mınatı	on	Instruc- tions.	PO BOX 670 11 GRISWOLD ST		, , , , , , , , , , , , , , , , , , , ,	G Gross receip	<b>ts</b> \$ 1,407,296
☐ Am	ended	return		City or town, state or country, ar	nd ZIP + 4			
_		n pending		BINGHAMTON, NY 13902				
ו אף	nicatioi	r penang				1		
			F Nar james	me and address of Principal Or	fficer		s a group return	
				X 670 11 GRISWOLD ST		affiliat	tes?	⊤Yes ▼ No
				HAMTON,NY 13902		H(b) Are all	affiliates includ	ed?
I Ta	x-exen	npt status	<b>▽</b> 501(c	:) ( 5 ) ◀ (Insert no )	1) or 527	(If"N	o," attach a list	See instructions )
y W	eb sit	<b>e: ►</b> N/A	4			H(c) Grou	p Exemption Nu	ımber 🟲
<b>К</b> Тур	e of or	ganızatıon	Corporat	tion 🗌 trust 🗀 association 🔽 other	► non profit organization	<b>L</b> Year of For	mation 1893 <b>M</b>	State of legal domicile NY
Pa	rt I	Sum	marv					
				ne organization's mission or m	ost significant activities			
		TO OR	GANIZE A	LL WORKERS FOR THE ECO!	NOMIC, SOCIAL, AND MORA	LADVANCEM	IENT OF THEI	RCONDITIONS AND
ሧ		STATU						
Ĕ			_					
Ĕ								
Governance	_						F.0/ 6-1	
ŝ	2		,		ed its operations or disposed o			
	3	Numbe	r of voting i	members of the governing bod	y (Part VI, line 1a)		3 _	11
es es	4	Numbe	r of ındeper	ndent voting members of the g	overning body (Part VI, line 1	b)	. 4	11
Ė	5	Total n	umber of er	mployees (Part V , line 2a) .			5 _	9
Activities &	6	Total n	umber of vo	olunteers (estimate if necessa	ıry)		6 _	0
Q.	7a	Total g	etal gross unrelated business revenue from Part VIII, line 12, column (C)			7a _	1,064	
	ь	Net unr	elated bus	ıness taxable ıncome from Foi	rm 990-T, line 34		7b	64
						Prio	r Year	Current Year
	8	Contri	butions an	d grants (Part VIII, line 1h)				0
말	9						693,314	661,443
Revenue	10	_			es 3, 4, and 7d)		54,183	81,157
æ	11			Part VIII, column (A), lines 5,			434,386	411,614
					qual Part VIII, column (A), lir		434,300	411,014
	12	12)	revenue u	ad inies o tinoagn 11 (mast e	quarrant viii, corumn (A), m		1,181,883	1,154,214
	13	Grants	s and simila	ar amounts paıd (Part IX, colu	ımn (A), lınes 1–3)		2,200	5,401
	14	Benefi	ts paid to d	or for members (Part IX, colun	nn (A), line 4)			0
	15		•		its (Part IX, column (A), lines	5 –		
82		10)	,	, , ,	, , , , , , , , , , , , , , , , , , , ,		431,452	461,443
<u>6</u>	16a	Profes	sional fund	draising fees (Part IX, column	(A), line 11e)			0
Expenses	ь	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup>		0				
ш	17	•	-	(Part IX, column (A), lines 11			702,421	476,202
	18			-add lines 13–17 (must equal	,		1,136,073	943,046
	19			penses Subtract line 18 from			45,810	211,168
<u>}r 07</u>		//C A GII	IC33 EX	FOLISCO SUBCIACE IIIIE TO HOIII		Parine		End of Year
ta o ta o ta						Бедіппі	ng of Year	
38. E.E.	20			rt X, line 16)			1,547,516	1,498,888
Net Assets or Fund Balances	21	Total	liabilities (f	Part X, line 26)			33,473	27,522
žŽ	22	Net assets or fund balances Subtract line 21 from line 20					1,514,043	1,471,366
Pai	t II	Sign	ature Bl	ock				
		Under p	enalties of pe	erjury, I declare that I have examine	ed this return, including accompanying	schedules and st	tatements, and to	the best of my knowledge
		and bel	ief, it is true,	correct, and complete Declaration o	f preparer (other than officer) is base	ed on all informati	on of which prepa	er has any knowledge
Plea		***				2009-	10-17	
Sign Here		Sign	ature of office	er		Date		
	-			siness manager				
		Тур	e or print nam	ne and title				
		Dur	naroris k		Date	Check If	Preparer's PTI	l (See Gen Inst )
Paid	1		parer's nature D	'ARCANGELO CO LLP		self-	-	
	- pare	er's	r			empolyed 🕨		
Use		Firm	n's name (or		•	•		
Onl			elf-employed) Iress, and ZIP	0 + 4 P			EIN ▶	
	-			D'ARCANGELO & CO LLP				
				200 EAST GARDEN STREET			Phone no 🕨	(315) 336-9220

1	Briefly describe the ord TO ORGANIZE ALL WO		ND MORAL ADVANCEMENT OF THEIR COND	OITIONS AND STATUS	
2		ion undertake any significant pro 0 or 990-EZ?	gram services during the year whic	h were not listed on	Yes ✓ No
	If "Yes," describe	these new services on Schedule	<b>○</b> 0		
3	services?		gnıfıcant changes ın how it conduct	s any program	Yes 🔽 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3		ach of the organization's three large 7 (a)(1) trusts are required to report r each program service reported		
4a	(Code TO ORGANIZE ALL V	) (Expenses \$ VORKERS FOR THE ECONOMIC, SOCIAL	including grants of \$ AND MORAL ADVANCEMENT OF THEIR CO	) (Revenue \$ NDITIONS AND STATUS	)
46	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other programs	services (Describe in Schedule (	) )		
	(Expenses \$	including (		(Revenue \$	)
4e	Total program s	ervice expenses \$	Must equal Part IX, Line .	25, column (B).	

Part IV	Checklist	of Rea	uired	Sched	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 </i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page :
	<del>-</del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

5 6

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumsta

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	ı, desc	ribe the circumstances,
	processes, or changes in Schedule O. See instructions.		
1a	Enter the number of voting members of the governing body	1a	11

b	Enter the number of voting members that are independent	1b		11
	Did any officer, director, trustee, or key employee have a family relationship or a buother officer, director, trustee, or key employee?		•	•

1b

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?
Did the comment of th

Did the organization make any significant changes to its organizational documents since the prior Form 990 filed?	) wa	ıS
Did the organization become aware during the year of a material diversion of the organization's assets?		

_	-							_									
Does the organization have members	or stockh	nolders?	•														
Does the organization have members	stockhol	ldare ni	r other	narce	ne v	who r	nav c	lact	ona	orr	nore	ma	mh	orc	of t	ha	

7a	Does the organiza	tion	have	men	nbers	s, s	tockl	holder	s, o	r othe	rper	sons	who	may	elect	one	or	more	: me	mbe	ers c	ofthe
	governing body?																					
	A		L								L				ما ما دا						- 2	

_	The any decisions of the governing body subject to approval by members, stockholders, or other persons
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following

	bla the organization contemporaneously accument the meetings held of written actions undertaken during the
	year by the following
-	the governing hody?

	-	-														
b	each comm	iittee	with a	uthorit	ty to a	ct on b	behalf	of the	govern	ing body?						
	Door the o	ra 2 n 1 7	ation	havo l	ممعاد	hantor	c hra	nchac	oraffi	intoc2						

b	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	•

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$ .	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
  - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES ROUNDS BUSINESS MANAGER

11 GRISWOLD ST BINGHAMTON NY BINGHAMTON, NY 13902

(607) 723-9593

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	ot compens	ate any	offic	er, d	lirec	tor, tru	uste	or key employee		
		<b>(C)</b> Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JAMES ROUNDS , BUS MGR/ F/S	40 00			Х				77,170	0	51,162
THOMAS ZALOCHA , BUSINESS AGENT	40 00			Х				63,583	0	44,152
KEn crocker , VICE PRESIDENT	5 00			Х				910	0	0
KARL ZUHONE , president	5 00			Х				2,838	0	403
Robert handzel , REC SEC	5 00			Х				1,819	0	0
TIMOTHY DAYTON , inside GUARD	5 00			Х				0	0	0
TODD BURT , asst BUS MGR	40 00			Х				71,025	0	54,569
FRANCIS COONEY, EXEC BOARD	5 00			Х				0	0	0
DANA DUNLAP , EXEC BOARD	5 00			Х				0	0	0
ROGER DOYLE , EXEC BOARD	5 00			Х				0	0	0
HERBERT ROGERS, EXEC BOARD	5 00			Х				910	0	0

#### Part VIII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	appl	y)	Highest compensated	Former	(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						►	218,255	0	150,286

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		No

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
7. Total number of independent contractors (including those in 1) who received more than \$	100 000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII

Statement of Revenue

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1a			Revenue		512, 513, or 514
\$ £	ь	Membership d						
호호	-		1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	rents <b>1c</b>					
無無	d	Related organ	zations1d					
<u>2,2</u>	e	Government gran	ts (contributions) <b>1e</b>					
ੌ Σ S	f	All other contribut	ions, gifts, grants, and		i			
ë ₽		similar amounts r	not included above					
ξğ	g		ributions included in					
ပည	h	lines 1a-1f \$	es 1a-1f)					
	<u>.                                    </u>	Total (Add IIII		· · · · ·				
<u>e</u>	2-		. and a	Business Code	620 607	620 607		
en He	2a b	membership dues	anu as	900,099	639,607	639,607		
æ		GOLF TOURNAME	NIT	900,099	15,767	15,767		
92	c d	andover associate		900,099	5,005	5,005	1.054	
<u>\$</u>		andover associate	es ib	523,000	1,064		1,064	
Ē	e f	A.II b.b						
Program Serwce Revenue	'	An other progr	am service revenue					
_ <u>₹</u> 	g	Total. Add line  ▶ \$ 661,443	es 2a-2f					
	3		come (including divi	· · · · · · · · · · · · · · · · · · ·	22,274			22,274
			mounts)	<b>▶</b> [	22,274			22,214
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	308,906					
		assets other than inventory						
	ь	Less cost or	250,023					
		other basis and sales expenses						
	С	Gaın or (loss)	58,883					
	d	Net gain or (lo	ss)	. ▶	58,883	58,883		
	8a	Gross income events (not inc	from fundraising					
ne		\$ of contribution	us reported on line					
듄		1c) See Part	IV, line 18 e G if total exceeds					
ě		\$15,000						
<u>.</u>	b	Less directe	xpensesb					
Other Revenue	с	Net income or	(loss) from fundrais	ng events	930	930		
•	9a		part IV , line 19					
		Complete Schedexceeds \$15,00						
		,	а					
	b	Less directe	xpensesb					
	С	Net income or	(loss) from gaming a	activities <b>-</b>				
	10a	Gross sales of returns and all	finventory, less lowances					
	   L	1 : -	a	468				
	b c		goods sold <b>b</b> (loss) from sales of		-2,591	-2,591		
		Miscellaneou		Business Code	_ <b>,-</b>	_ <b>, -</b>		
	11a		DVANCEMENT R	900,099	410,929	410,929		
	ь	REIMBURSED		900,099	2,269	2,269		
	С	NSF CHECKS		900,099	77	77		
	d	All other rever	nue					
	e		es 11a-11d					
				\$ 413,275	1 154 044	1 120 076	1.001	22.274
	12	8c,	. Add lines 1h, 2g, 3		1,154,214	1,130,876	1,064	22,274

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			5	
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,401			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	238,935			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	45,948			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	93,681			
9	Other employee benefits	57,874			
10	Payroll taxes	25,005			
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,656			
c	Accounting	7,875			
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	9,075			
g	Other	18,728			
12	Advertising and promotion				
13	Office expenses	12,480			
14	Information technology	4,087			
15	Royalties				
16	Occupancy	11,809			
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	5,159			
20	Interest				
21	Payments to affiliates	139,783			
22	Depreciation, depletion, and amortization	13,923			
23	Insurance	7,100			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	unrelated business inco	1,440			
b	INDUSTRY ADVANCEMENT EX	137,618			
С	LOCAL PER CAPITA TAXES	24,291			
d	EDUCATION & PUBLICITY	19,502			
e	CLAMBAKE	19,279			
f	All other expenses	39,397			
25	Total functional expenses. Add lines 1 through 24f	943,046			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Parity Datafice Silver	Part X	Balance	Sheet
------------------------	--------	---------	-------

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			25,513	1	38,864
	2	Savings and temporary cash investments			468,254	2	527,526
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
ts	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	10a	112,052			
_	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	77,035	47,467	10c	35,017
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pal Schedule D</i>	rt VII c	of	1,006,282	12	897,481
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,547,516	16	1,498,888
	17	Accounts payable and accrued expenses .			1,494	17	2,033
	18	Grants payable		18			
	19	Deferred revenue			19		
_	20	Tax-exempt bond liabilities		20			
ēS	21	Escrow account liability Complete Part IV of Schedule D	-		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Li		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			31,095	23	25,424
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			884	25	65
	26	<b>Total liabilities.</b> Add lines 17 through 25			33,473	26	27,522
ces		Organizations that follow SFAS 117, check here ▶ ✓ and complethrough 29, and lines 33 and 34.	ete lin	es 27			
Balance	27	Unrestricted net assets			1,514,043	27	1,471,366
Ba	28	Temporarily restricted net assets			28		
Fund	29	Permanently restricted net assets			29		
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ and	l comp	let e			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fur	ıds			32	
Net	33	Total net assets or fund balances			1,514,043	33	1,471,366
	34	Total liabilities and net assets/fund balances			1,547,516	34	1,498,888
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

				i
1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493302001089

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

1

527 exempt funtion activities

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP 15-0417845 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? **4a** If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate

segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's internal funds contributed to other organizations for section

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

(See the instructions for Schedule C for details.)

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reposection 4911 tax for this year?						┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Sche	dule C (Form 990 or 990-EZ) 2	008					Рa	ge <b>3</b>
Pa			ler section 501(c)(3) that have instructions for Schedule C for de			ed F	orm	
				(a)		a) (b)		
			Ye	:s	No	Aı	noun	t
1		ganization attempt to influence foreign pt to influence public opinion on a legis						
а	Volunteers?							
b	Paid staff or management (inclu	ıde compensatıon ın expenses reportec	l on lines c through i)?					
c	Media advertisements?							
d	Mailings to members, legislator	rs, or the public?						
е	Publications, or published or br	oadcast statements?						
f	Grants to other organizations fo	or lobbying purposes?						
g	Direct contact with legislators,	their staffs, government officials, or a l	egislative body?					
h	Rallies, demonstrations, semin	ars, conventions, speeches, lectures, o	rany other means?					
i	Other activities If "Yes," desc	rıbe ın Part IV						
j	Total lines 1c through							
2a	1: Did the activities in line 1 caus	e the organization to be not described i	n section 501(c)(3)?	1				
		y tax incurred under section 4912	. , ,					
		y tax incurred by organization manager	s under section 4912					
		d a section 4912 tax, did it file Form 4		1				
			under section 501(c)(4), secti	on	501(c	1(5)	or	
		). (See the instructions for Sched				.,(-,,		
	Mana and abandon Herallin all (O.O.)				_		Yes	No
1		more) dues received nondeductible by			<u> </u>	1		No
	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				L	2		Νo
3		arryover lobbying and political expendit				3		Νo
Par	section 501(c)(6		under section 501(c)(4), section 1 and 2 are answered "No" Ole ons for Schedule C for details.)					
1	Dues, assessments and similar		,		1 \$		639	9,607
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do	o not include amounts of political					
а	Current Year	, , , , , , , , , , , , , , , , , , , ,		;	2a \$			
b	Carryover from last year				2b\$			
С	Total				2c \$			
3	Aggregate amount reported in s	section 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	<u> </u>	3 \$			
4		nount on line 2c exceeds the amount on	• •	-				
		carryover to the reasonable estimate o			4 \$			
5	•	d political expenditures (line 2c total m	inus 3 and 4)	<b>—</b>	5 \$			
	art IV Supplemental In		mus 5 and 4)		<del></del>			
Со		escriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and Pa	ırt II	-B, line	11		
77.15	Ident if ier	Return Reference	Explanation					
		1						
		+	1					

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493302001089

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	ne of the organization IBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP	Employer identification number			
PLOI	IDERS & FIFEI II TERS LOCAL 112 JOORNETMEN & AFF		15-0417845		
Pai	organizations Maintaining Donor Actor organization answered "Yes" to Form 99		unds or Accounts. Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	=	or advised Yes No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendinpermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No		
Par	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)  Preservation of an	historically importantly land area rtified historic structure		
2	Complete lines $2a-2d$ if the organization held a qualion the last day of the tax year	fied conservation contribution in the form			
			Held at the End of the Year		
а	Total number of conservation easements	2a			
Ь	Total acreage restricted by conservation easements	2b			
С	Number of conservation easements on a certified his	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
3	$\label{lem:number} \textbf{Number of conservation easements modified, transfe}$	rred, released, extinguished, or terminate	d by the organization during		
	the taxable year 🟲				
4	Number of states where property subject to conserva	ition easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No		
6	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	year <b>►</b>		
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No		
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial			
Part	Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	·		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>F</b> \$		
	(ii) Assets included in Form 990, Part X ►\$				

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Part	IIII Organizations Maintaining Co	llections of Art,	Hist	tori	cal Treasur	es, or Other	Similar Asse	ts (con	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that are	a significant us	se of its collection		
а	Public exhibition		d	Γ	Loan or exch	ange programs			
ь	Scholarly research		e	$\Gamma$	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	ı how	they	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ılar	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Comp	olete	if the organ		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	liary	for c	ontributions oi	rotherassets n	ot	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table	<u> </u>						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV	1							
Pa	rt V Endowment Funds. Complete								
4 -	Danis and a state of the state	(a)Current Year	(b)	Prior Y	'ear <b>(c)</b> Two	Years Back (d)	hree Years Back (e)	Four Yea	ars Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held as	5						
а	Board designated or quasi-endowment								
Ь	Permanent endowment								
c 3a	Term endowment  Are there endowment funds not in the posses organization by	ssion of the organizat	tion t	hat a	re held and ac	Iministered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
Ь	If "Yes" to $3a(II)$ , are the related organizatio						3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipmen	t. Se	ee Fo	<u>orm 990, Pa</u>	rt X, line 10.			
	Description of investment				) Cost or other sis (investment)	( <b>b</b> )Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Boo	ok value
1a	Land						,		
				1					
	Buildings		•						
b	Buildings								
b c	, and the second	· · · · · · · · · · · · · · · · · · ·	•			112,052	77,035		35,017
b c d	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·	· ·			·	77,035		35,017

Part VII Investments—Other Securities. See	e Form 990, Part X, line 12	2.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other VARIOUS	897,481		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	897,481		
		_	
art VIII Investments—Program Related. S	ee Form 990, Part X, line : 		d of unluntum
(a) Description of investment type	(b) Book value		d of valuation ·year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X,			
(a) Descr	ription		(b) Book value
F <b>otal.</b> (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
AYROLL TAXES PAYABLE	65		
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25 )	65		

Part	XI Reconciliation of C	<u>hange in Net Assets from For</u>	m 990	) to F	<u>inancial Stateme</u> i	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	1,154,214
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	943,046
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	211,168
4	Net unrealized gains (losses) o		4	-252,781			
5	Donated services and use of fa		5				
6	Investment expenses		6				
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-1,064
9	Total adjustments (net) Add lir	nes 4 - 8				9	-253,845
10		per financial statements   Combine line	s 3 and	d 9		10	-42,677
Part		evenue per Audited Financial			ts With Revenue r	er Re	eturn
1		r support per audited financial statem				1	
2		it not on Form 990, Part VIII, line 12					
а		ments		2a			
b	Donated services and use of fa	acılıtıes	.	2b			
c	Recoveries of prior year grants	5	.	2c		1	
d	Other (Describe in Part XIV)		[	2d		1	
e	Add lines <b>2a</b> through <b>2d</b> .					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. [	4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total Revenue Add lines 3 an	d <b>4c.</b> (This should equal Form 990, Pa	rt I, lıne	e 12)		5	
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Stat	emer	its With Expenses	per	Return
1		r audited financial statements				1	
2		t not on Form 990, Part IX, line 25			ı		
а		acılıtıes		2a		4	
b	•			2b		4	
С		, Part IX, line 25		2c		4	
d	Other (Describe in Part XIV)			2d		4	
e	Add lines 2a through 2d					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					3	
4		0, Part IX, line 25, but not on line 1:		1 -	ı		
a		,		4a		-	
b	Other (Describe in Part XIV)			4b		_ ا	
с -	Add lines 4a and 4b		• •			4c	
5 Dars	XIV Supplemental Inf	nd <b>4c.</b> (This should equal Form 990, Pa	art I, IIr	ne 18)		5	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference	ĺ		Explanat	ion	
Part X	I, Line 8 - Other Adjustments		unrelat	ted bus	iness income included		erest income on 990
. 416 /	_, 5 5 cher // ajastinents						2. 252531116 511 556

Part XIV Supplemental Information(continued)					
Ident if ier	Return Reference	Explanation			
Part XI, Line 8 - Other Adjustments		unrelated business income included in interest income on 990			

Schedule D (Form 990) 2008

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP

Part I General Information on Grants and Assistance

DLN: 93493302001089 OMB No 1545-0047

2008

Open to Public Inspection

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number

15-0417845

1(a) Name and address of organization or government  VARIOUS MEMBERS	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
VARIOUS MEMBERS			assistance	(book, FMV, appraisal, other)		or assistance
		5,401				sick and other various charitable donations
<ul> <li>Enter total number of section 501(c)(3) a organizations</li> <li>Enter total number of other organizations</li> </ul>					_	

		<b>ce to Individua</b> ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	<b>on.</b> Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

# OMB No 1545-0047

Inspection

## **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP **Employer identification number** 

15-0417845

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		the organization was the victim of the Bernard Madoff Ponzi Scheme in one of their investment accounts

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		the organization is a labor union consisting of individual members that pay dues for membership

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The governing body is elected by the general membership of the organization every three years or as needed if a special election is required

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		not all of the day-to-day decisions of the governing board need approval from the membership, but there could be special events or occasions that warrant a vote by the entire membership

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		a copy of the 990 is given to the business manager who reviews with the governing board and approves it before it is filed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		wages of the business manager and executive board are voted on and approved by the governing body and are based on information included in collective bargaining agreements and the constitution of the local union

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		all required filings are made available for public inspection upon request at the union office

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the organization makes it governing documents and financial statements available to the public upon request at the local union office

DLN: 93493302001089

# 2008

OMB No 1545-0047

**Open to Public** Inspection

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

See separate instructions.

Name of the organization PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP				Employer iden	tification number
Edition and Editional Edition and Edition				15-0417845	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions	<u>'</u>			
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	Public chanty st (if section 501(c)	atus (F) Direct controlling entity
plumbers local 112 education and apprentice fund	provides education &				
11 grswold street binghamton, NY13902 23-7060380	training to members and apprentices of the local union	NY	501(c)(3)		
plumbers local no 112 health fund  11 griswold street binghamton, NY13902 16-6053348	provides health benefits to members	NY	501(c)(9)		

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No	
<b>1</b> Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		<b>T</b>	
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No	
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No	
d	Loans	or loan guarantees to or for other organization(s)			1d	No	
e	Loans	or loan guarantees by other organization(s)			1e	No	
f	Sale o	f assets to other organization(s)			1f	No	
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No	
h	Excha	nge of assets		<u>:</u>	1h	No	
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No	
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No	
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharır	ng of paid employees		<u>:</u>	1n	No	
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No	
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No	
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No	
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds			
		(A)	<b>(B)</b> Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
<u> </u>							
(3)							
(4)							
(+)							
(5)							
(6)					· · · · · ·		

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	organizations		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

DLN: 93493302001089

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization** (Including Information on Listed Property)

Attachment Sequence No 67

Name(s) shown on return PLUMBERS & PIPEFITTERS LOCAL 112 JOURNEYMEN & APP

► See separate instructions. ► Attach to your tax return.

> Identifying number Business or activity to which this form relates

		Form 990 Pa	ge 10				15-0	J4 I / 8	345
		Certain Property Unisted property, comple			ı con	nla	to Part I		
1 Maximum amount See						ipie:		1	250,000
		ced in service (see instru		-				2	1
		before reduction in limit	·	· ·	٠,	•		3	800,000
			•	uctions	•	•			800,000
		from line 2 If zero or les	•		•	•		4	
5 Dollar limitation for tax	•	line 4 from line 1 If zero	or less, enter - (	0- Ifma	arried	filin	g	_	
separately, see instruc	tions			• •	•	•		5	
<b>(a)</b> D	escription of pro	perty	(b) Cost	(busines	ss use	•	(c) Elected	cost	
6									7
7 Listed property Enter	the amount from	line 29			7				Τ
8 Total elected cost of s	ection 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7				8	1
9 Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8						9	
10 Carryover of disallower			rm 4562		_			10	
11 Business income limitation				ee instruc	tions)	٠.	· · · ·	11	
						•			
12 Section 179 expense of				n line 1.		•	• •	12	
13 Carryover of disallower				• •	13				
Note: Do not use Part Part II Special De									
		Allowance and Othe							y ) (See Instructions )
14 Special depreciation al tax year (see instruction)		illied property (other than	riistea property	) ріасес	ımse	IVIC	e during the	14	
15 Property subject to se	•	election						15	
<b>16</b> Other depreciation (inc					-	-		16	13,923
<u> </u>		Do not include listed i	roperty 1 (Se	· · ·	uctio	ns \	· · ·	10	15,925
MACKS DE	preciation (I		ction A	111361	actio	113. /	'		
17 MACRS deductions for	assets placed i			008				17	
18 If you are electing t					r into	on	e or more		
general asset accou		•	_	•			▶□		
		Service During 200			the	Ger	neral Dep	<u>'</u> recia	ition System
		(c) Basis for							
(a) Classification of property	(b) Month and year placed in service		(d) Recovery period	(e) Co	nvent	ion	(f) Metho	od	(g)Depreciation deduction
<b>19a</b> 3-year property									
<b>b</b> 5-year property									
<b>c</b> 7 - year property									
<b>d</b> 10-year property									
<b>e</b> 15-year property									
<b>f</b> 20-year property				1					
<b>g</b> 25-year property			25 yrs				S/L		
<b>h</b> Residential rental			27 5 yrs	+	М		S/L		
property			27 5 yrs	+	M		S/L		
i Nonresidential real			39 yrs	+	M		S/L		
property					<u>М</u>		S/L		
	n C—Assets Plac	ced in Service During 2008	s lax Year Using	g the Ai	terna	tive		1 Syst	em
20a Class life	1		12 450	1			S/L S/L		
<b>b</b> 12-year <b>c</b> 40-year			12 yrs 40 yrs		1 M		S/L		
	ı (See ınstrud	tions)	T 40 913	1 ''	1111	1	3/1		
21 Listed property Enter								21	
22 Total. Add amounts fro	m line 12, lines					• e 21	Enter here	22	13,923
23 For assets shown above portion of the basis att	e and placed in	service during the curren	-		23	•	<u> </u>	1	
portion of the basis att	Indianie to sect	CON ZOJA COSES	· · · ·			<u> </u>			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44